

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS  | ID NO. | DATE     |
|---------------------------|-----------|--------|----------|
| FEE DETERMINATION         | Bona fide | 15     | 08-01-01 |
| O.I.P.E. CLASSIFIER       |           |        | 870      |
| FORMALITY REVIEW          | CC        | 50114  | 9-01-01  |
| RESPONSE FORMALITY REVIEW |           |        |          |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim          | Date |
|----------------|------|
| Final Original |      |
| 1              | ✓    |
| 2              | ✓    |
| 3              | ✓    |
| 4              | ✓    |
| 5              | ✓    |
| 6              | ✓    |
| 7              | ✓    |
| 8              | ✓    |
| 9              | ✓    |
| 10             | ✓    |
| 11             | ✓    |
| 12             | ✓    |
| 13             | ✓    |
| 14             | ✓    |
| 15             | ✓    |
| 16             | ✓    |
| 17             | ✓    |
| 18             | ✓    |
| 19             | ✓    |
| 20             | ✓    |
| 21             | ✓    |
| 22             | ✓    |
| 23             | ✓    |
| 24             | ✓    |
| 25             | ✓    |
| 26             | ✓    |
| 27             | ✓    |
| 28             | ✓    |
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| 30             | ✓    |
| 31             | ✓    |
| 32             | ✓    |
| 33             | ✓    |
| 34             | ✓    |
| 35             | ✓    |
| 36             | ✓    |
| 37             | ✓    |
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| 47             | ✓    |
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| Claim          | Date |
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| Final Original |      |
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| Claim          | Date |
|----------------|------|
| Final Original |      |
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| 149            |      |
| 150            |      |

BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

(LEFT INSIDE)

9/15/01  
 199